

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/581,759
	Filing Date	July 26, 2007
	First Named Inventor	ARDYTHE L. MORROW
	Art Unit	1623
	Examiner Name	Leigh C. Maier
	Attorney Docket Number	50051-002US1

<b>I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application.</b>			
<input type="checkbox"/> A Power of Attorney is submitted herewith. <b>OR</b> <input checked="" type="checkbox"/> I hereby appoint the practitioners at Customer Number : <span style="border: 1px solid black; padding: 5px; display: inline-block; width: 150px; text-align: center;">69713</span>			
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <input checked="" type="checkbox"/> The address associated with Customer Number:             <span style="border: 1px solid black; padding: 5px; display: inline-block; width: 150px; text-align: center;">69713</span> </div>			
<b>OR</b>			
<input type="checkbox"/> Firm or Individual Name			
Address			
City		State	ZIP
Country			
Telephone		Email	
I am the: <input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>			
<b>SIGNATURE of Applicant or Assignee of Record</b>			
Signature			
Name	Children's Hospital Medical Center <b>James M. Anderson,</b> <b>President and CEO</b>		
Date	October 21, 2009	Telephone Children's Hospital Medical Center	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> *Total of _____ forms are submitted.			

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Ardythe L. MorrowApplication No./Patent No.: 10/581,759 Filed/Issue Date: July 26, 2007Entitled: Oligosaccharide Compositions and Use Thereof in the Treatment of InfectionChildren's Hospital Medical Center, a Corporation  
(Name of Assignee) (Type of Assignee, a.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest  
(The extent (by percentage) of its ownership interest is \_\_\_\_\_ %)

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 023184, Frame 0977, or for which a copy therefore is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: \_\_\_\_\_ To: \_\_\_\_\_

The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

2. From: \_\_\_\_\_ To: \_\_\_\_\_

The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

3. From: \_\_\_\_\_ To: \_\_\_\_\_

The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☒ As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

James M. Anderson  
Signature

12-22-2009  
Date

Printed or Typed Name James M. Anderson  
Title President and CEO  
Children's Hospital Medical Center

Telephone Number \_\_\_\_\_

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.